

A STUDY OF TWO HUNDRED AND TWO DROP-OUTS
FROM SEVEN CLINICAL SPECIALIST COURSES
OF THE UNITED STATES ARMY

by

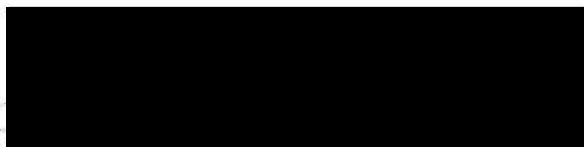
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c. d. c.

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CHAPTER I

INTRODUCTION

Background of the Problem

The increased size of the United States Army since 1940 and the unavailability of civilian personnel to supplement Army personnel has made it necessary for the Army to conduct its own schools and thus prepare individuals for many of the services needed by the Army. The great dearth of persons prepared to perform nursing tasks within the scope of practical nursing necessitated the initiation in 1949 of practical nursing programs, which in the Army are designated as Clinical Specialist Courses. The first four such courses were located at:

1. Walter Reed Army Hospital
Washington, D. C.
(Later moved to Valley Forge General Hospital,
Phoenixville, Pennsylvania)
2. Fitzsimons Army Hospital
Denver, Colorado
3. Letterman General Hospital
San Francisco, California
4. Brooke Army Medical Center
San Antonio, Texas

It was soon found that these four schools could not meet the

demands and needs for personnel to augment the professional nursing staff, so the Army over the years started four more schools. They are located at:

1. William Beaumont General Hospital
El Paso, Texas
2. Madigan General Hospital
Fort Lewis, Washington
3. Womack Army Hospital
Fort Bragg, North Carolina
4. Dewitt Army Hospital
Fort Belvoir, Virginia

Because the school originally located at Walter Reed Army Hospital has been merged with that at Valley Forge General Hospital, the number now totals eight schools.

Current plans call for the establishment of two more schools according to Lieutenant Colonel Iris Craig, Training Coordinator, (see Correspondence, Appendix A). This will result in about 1,300 students input each year.

Statement of the Problem

Attrition from schools of nursing has been a matter of concern for many years. Despite better tests for screening applicants, improved selection policies, wider use of counseling for enrolled students, little impact has been made on the withdrawal rates from

schools of nursing. Little has been written about withdrawals from practical nurse programs. The literature does reveal that the reasons are related to the same factors that lead to withdrawal from other types of nursing schools. A useful study was made by Holland (8) in 1966 of the withdrawals from five schools of practical nursing in Oregon. This study is reviewed in Chapter II.

The Army Clinical Specialist Courses are counterparts of the practical nurse programs. With eight such courses now functioning it has become feasible to begin an assessment, one factor of which is that of ascertaining the success of the Clinical Specialist Courses in retaining enrollees to the point of completion. A logical first step might well be that of determining how many withdraw and for what reasons. Presumably if reasons for withdrawal are known, future efforts could be directed toward retaining a higher number.

It is recognized that in no educational enterprise, can all who start be expected to finish satisfactorily. It is almost inevitable that some will discontinue. Any marked attrition is expensive in terms of time, money and personnel.

Further, withdrawal or drop-out for any reason could have an adverse effect on the student. In Army parlance, the term "drop-out" is used in reference to those who withdraw from a course for any reason. The term is also used to designate the act of

withdrawing, i. e., "To drop out".

Purpose of the Study

This study has been undertaken for the purpose of determining the number of drop-outs from the Clinical Specialist Courses, and reasons for same.

This study seeks to obtain the following information as the basis for determining percentages and factors contributing to the incidence of drop-outs:

1. The number of student input into each course.
2. The number of student drop-outs.
3. The drop-out's rank, age and length of service.
4. The drop-out's educational background.
5. The reasons for drop-out.
6. The month of school the drop-out occurred.

Limitations of the Study

1. This study was limited to data collected by questionnaires completed by Directors in seven Clinical Specialist Courses.
2. This study was confined to enlisted men only. It did not include enlisted women, because only two courses admit

women.

3. The study included only the period from 15 July 1965 through 31 March 1967.
4. The term "drop-out" applied to the students who have left the Clinical Specialist Courses before completion of the course.
5. This study was limited to data obtained as cited above as no attempt to evaluate the selection policies of the United States Army for the Clinical Specialist Courses. The students were there by request through channels or by direct assignment.
6. No attempt was made to do a follow-up study on the drop-outs. They either were re-assigned or might not have stayed in the Medical Field.

Assumptions

For purposes of this study it was assumed that:

1. All students in the Clinical Specialist Course had met the admission standards of the United States Army which are:
 - A. Grade E-3 or above.
 - B. Qualification as Medical Specialist 91B20.
 - C. The completion of less than sixteen years of active

duty service.

- D. Graduation from High School or the equivalent as measured by General Educational Development Tests.
 - E. Credit for a high school course in mathematics or a standard score of 45 or higher on the General Educational Development Test.
 - F. A standard score of 100 or higher in aptitude area General Technical.
 - G. Recommendation by immediate commander.
 - H. An interview with the Army Nurse Corps Officer and recommendation or, when the Army Nurse Corps Officer is not available, with a Medical Corps Officer.
2. The records for each drop-out reflected realistic reasons for discontinuing or being withdrawn from the course.

Justification

There have been reported studies or drop-outs from schools of nursing, including practical nursing (8, 13, 14), but nothing could be located in the literature regarding drop-outs from the Clinical Specialist Course. Drop-outs are expensive in time, energy and money, to the student as well as to the Army. The student is dropped out and this is reflected in his personnel file, which may

have future disadvantages. An attitude of failure could be devastating to the learner. Promotions are more rapid among the school trained personnel than the non-school trained personnel and this certainly must influence attitudes. There are many reasons for discontinuing in a course. If such reasons were identified, tabulated and subjected to scrutiny, there might be implications for the review of policies affecting the future selection, assignment and counseling of those enrolled in the Clinical Specialist Courses. It is plausible to conjecture that some drop-outs might be averted. The continued dearth of nursing personnel adds impetus to any study designed to determine reasons for attrition from nursing programs with the ultimate objective that an outcome of the study would be a reduction in attrition.

Source of Data

The primary source of data was information obtained from questionnaires. Critically selected books, periodicals, catalogues and related studies provided a secondary source of data.

Methodology

This study was conducted as a normative survey using a questionnaire to obtain the primary data. The design of the study

may be described in a series of steps as follows:

1. The literature was reviewed to establish a frame of reference.
2. The purpose of this study was established.
3. A questionnaire (Appendix B) was constructed as a data collecting tool.
4. The tool was reviewed by a group of professional nurses and by the Chief of Plans and Training and the Educational Coordinator, both of whom are in the Surgeon General's Office, Washington, D. C.
5. Following suggestions from those who reviewed the questionnaire, final revisions were made to obtain a more comprehensive study.
6. Administrative clearance was obtained from the Surgeon General's Office. (Appendix A)
7. Correspondence was initiated with eight Directors of the Clinical Specialist Courses to determine willingness to participate in the study. All eight responded in the affirmative. (Appendix A)
8. Questionnaires were sent to the Directors of the eight Clinical Specialist Courses. Thirty questionnaires were sent to each. Two Directors asked for additional copies

and others duplicated additional questionnaires as they needed them. Responses were received from seven courses.

9. The data collected were tabulated on a master sheet.
10. The report was prepared by interpreting the data and constructing the tables.
11. The study was summarized, conclusions drawn and recommendations were made for further studies.

Definitions and Explanations of Terms Used in This Study

Clinical Specialist Course--An established program designed to provide enlisted personnel with a working knowledge of how to supervise and perform patient-care duties appropriate to hospital and field medical assistants. Those who complete the course are eligible to take examinations administered by various State Boards of Nursing. Successful completion of the examinations entitles the examinee to be known as a licensed practical nurse.

Drop-out--Those students who are eliminated from the Clinical Specialist Course.

E-3, E-4, E-5, E-6 and E-7--These are pay grades of the United States Army.

The E-3 is equivalent to the Private First Class.

The E-4 is equivalent to the Corporal or Specialist 4th Class.

The E-5 is equivalent to the Sergeant or the Specialist 5th Class.

The E-6 refers to the sixth plateau of pay grade.

The E-7 refers to the seventh plateau of pay grade.

The grades indicate a difference in rank; the larger the number, the higher the rank and pay. The E stands for the Enlisted or Non-Commissioned ranks.

91A, 91B and 91C--M. O. S. (Military Occupational Specialty)

This is a number assigned to a particular skill or trained level of occupation. For example, the 91A is the Medical Corpsman. This man has had eight weeks basic training and eight weeks medical training. The 91B is the Medical Specialist. This man has had eight weeks basic training and twelve weeks medical training. The 91C is the Clinical Specialist. This man has had eight weeks basic training and a total of 52 weeks of medical training. The 52 weeks consist of eight weeks in the 91A program, four weeks in the 91B program and 40 weeks in the Clinical Specialist Course. Each occupational speciality within the Army has its own designated number.

G. T. --General Technical means combined scores derived from vocabulary and arithmetic testing.

G. E. D. Test--General Education Development Test used for determining high school equivalency.

In Put--Those students assigned to the Clinical Specialist Course for advance training.

L. P. N. --Licensed Practical Nurse.

N. A. P. N. E. --National Association For Practical Nursing Education.

N. L. N. --National League For Nursing.

Presentation of the Study

This report is organized into four chapters:

Chapter I, INTRODUCTION, indicates the nature of the problem, defines the purpose and describes the plan of procedure.

Chapter II, REVIEW OF THE LITERATURE, presents a review of significant literature and related studies. Chapter III, PROCEDURE AND FINDINGS, is devoted to an explanation of the procedure, presentation of the findings, and interpretation of same. Chapter IV, SUMMARY, CONCLUSIONS AND RECOMMENDATIONS, provides a summary of the study with conclusions and recommendations based on the data obtained.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

To develop a frame of reference the literature was first searched for information concerning practical nurses, the preparation and the scope of practice. The literature was also searched for pertinent studies relative to withdrawals from schools of nursing, practical nurse schools in particular. The review of the literature will be presented in two parts.

The Practical Nurse

Alma Van Matre, (22) Executive Director of the Missouri State Association of Licensed Practical Nurses, made these comments in a paper read in 1956 at the first State Convention of Practical Nurses of Wyoming:

From time to time Practical Nurse Programs came to be known under various titles. Credit for the early beginning of preparation for the practical nurse in the United States is given to the Ballard School of the Young Women's Christian Association in New York City, which in 1893 organized classes to teach practical nurses to care for the chronic invalids. Similar courses were organized in Brattleboro, Vermont, in 1917, and in Boston, Massachusetts, in 1918. Pennsylvania first licensed Practical Nurses in 1919.

The growth and development of the Practical Nurse program has been without precedent according to Dorothy Johnston (10) in History and Trends of the Practical Nurse. In 1945 there were only 52 approved Schools of Practical Nursing. These schools graduated 10,500 students. In 1967 there were 35,000 practical nurse students enrolled in 957 programs.

Much study has been done regarding practical nurses and their scope of practice.

J. Harold Johnston, (11) Executive Director of the New Jersey Hospital Advisory Association and the National Association for Practical Nurse Education Hospital Advisory Council, tried to establish the scope of practice of what the Licensed Practical Nurse could be expected to do. The study was reported in 1960 in The Practical Nurse as "The Potential of the Practical Nurse".

Answers were sought to the following questions:

To what degree are hospitals that actually assist in training the practical nurse, utilizing her service as a graduate?

Does the trained L. P. N. do, on the job, procedures she learned in nursing schools?

Is the trained L. P. N. helping to fill the gap in nursing service?

Is the curriculum recommended for N. A. P. N. E. approved schools of practical nursing adequate for the duties the practical nurse is asked to perform?

Questionnaires, with a list of 68 procedures ranging from the very simple to the more complex, to be checked as being done "often", "sometimes", or "never", were sent to the National Association for Practical Nurse Education approved schools. The responses were obtained from the faculty.

The results of this study revealed that in schools of practical nursing there was much difference as to the scope of practice. The range was from simple bed making and bed baths to passing medications or to aseptic technique. Only about one third of the hospitals were allowing Licensed Practical Nurses to perform the latter two activities.

It is interesting to note that questions were directed toward the nursing service personnel, but the responses were collected from faculty.

A replica of the study as of the present might well reveal a vastly expanded scope of practice. The National Association for Practical Nurse Education is no longer the official accrediting group, and accordingly, the nature of the curriculum and the number of schools involved would probably differ greatly from the above study.

Mrs. Patricia Hanna, (5) Director of the Episcopal Hospital School of Nursing, Philadelphia, studied the curriculum for

practical nurses. Mrs. Hanna stated in "Change the Curriculum" that the practical nurse is the "backbone" of nursing service and teachers must re-educate and change beliefs accordingly. She also stated that a more inclusive program of geriatrics should be included because the number of aged is increasing. For example there were 16.6 million persons over 65 in nursing homes throughout the United States in 1960. It was estimated that, by 1980, there would be 24 million and accordingly practical nurses should be prepared to perform geriatric nursing.

Elizabeth Jenkins, (9) President, Kentucky State Association of Licensed Practical Nurses, claims that the practical nurse is the foundation of nursing service, that the largest proportion of direct nursing care is given by the practical nurse. The practical nurse receives about 75 percent of the registered nurse's salary. She believed there should be more emphasis placed on personal worth of the individual in order to elevate the prestige of the practical nursing field as an acceptable career. She stressed the importance of recognizing the ability of the individual and of increasing responsibility accordingly.

In 1960 Mary A. De Shetler, Director, Indian School of Practical Nursing, Albuquerque, New Mexico, wrote on "The Value of National Accreditation." (3) She found that each state established

minimum standards and these standards varied from state to state. She advocated some form of national accreditation as a means of establishing more uniform standards. She possibly anticipated the current accreditation program developed by the National League for Nursing.

The field of Practical Nursing has developed more in the last twenty-five years than in all previous years. Much has been done to increase the prestige of the practical nurse and to re-evaluate the curriculum of the practical nurse programs. Licensure is now possible in all states.

Success Factors in Practical Nursing

Much has been written regarding factors contributing to success in practical nursing.

Miss Athria McElwreath, (14) an instructor at the Samuel H. Kress Foundation School for Practical Nurse Training, Texas State College for Women, studied the age factor in relation to success. The students were classified into three age groups: young, aged seventeen to twenty-four; mature, aged twenty-five to forty-nine; and older, aged fifty years and above. The mature group comprised about half of the class and young and older group, one fourth each.

The young, but often unsettled, had the highest drop-out during

the pre-clinical phase. The author said:

The problem of this group centered around two main areas. A larger percent of these young women come in on trial basis; they are not sure that this is their best field of work; they are not so wholehearted in their efforts to surmount difficulties. Therefore a larger number of them drop-out because of difficulties in personal life.

A second consideration which constitutes a problem to younger students is health. They are more prone to be absent because of menstrual difficulties and colds among the young mothers or because of the illness of children or husband.

The first cause of absenteeism was home problems, such as taking care of sick children and transporting children to and from school. The second cause for absenteeism was health--mainly colds and gynecological disturbances.

The mature group showed about the same percentage of success as the young group regarding the number who completed the course. The two groups overlapped, but were not identical in achievement. The mature group was rated higher. The mature women (25-49 year old group) expressed success or satisfaction because they were aware of their contribution to the welfare of the patient. In addition the satisfaction of improving themselves materially, educationally, and socially contributed to their feeling of success.

The older group made higher grades in the pre-clinical phase

than the other two groups. The reasons given were:

This group includes a larger number of women with college education and teaching experience.

Most of them have sent their children through college and have learned with them during the process.

As a rule, pressing personality and family problems have been solved, except in some instances where there is a need to make a living.

Home responsibilities tend to be lighter, leaving more time for study.

If these students are carefully selected in relation to health factors, there are few absences, menstrual difficulties are over and they seem to have a higher resistance to colds.

The older woman's approach to sickness, even to death itself, was calm and matter of fact.

The conclusion was that the school would continue to accept older women who were in good health.

Age and marital status and their relationship to success in practical nursing were studied by Dr. Lloyd Meadow and Miss Ruth Edelson. (16)

Lloyd Meadow, PhD., is Associate Professor, Department of Special Education on Rehabilitation, San Francisco State College. When this article was written, he was Research Director and Consultant, Sinai Hospital, Shapiro School of Nursing, Detroit,

Michigan.

Ruth Edelson, M. A., was Director of the Shapiro School of Nursing Program in Practical Nursing, Sinai Hospital of Detroit.

The study population consisted of 244 women admitted to the Shapiro School of Nursing between September 1956, and March 1959. The mean age was 31.4 with a standard deviation of 11.4. Fifty-one percent of the students were between thirty and fifty-three years of age. The population was divided into six 5-year age intervals:

Among the six age groups there was no distinct pattern of success or failure. The age group with the highest percentage of graduates (81 percent) was from thirty-six to forty-one. The group with the highest percentage of failures (39 percent) was from forty-two to forty-seven. The differences between the age groupings were not significant because as many older students as younger students graduated or failed.

Marital status was also analyzed in terms of graduation and failures. Of the 244 students, 44 percent were single and 56 percent including most of the older students were or had been married. Seventy-two percent of the single students graduated, again no significant difference in the findings.

Age and marital status were then compared with six other criterion measures: (1) final theory grade, (2) final clinical grade, (3) state board examination results, (4) scores from the National League for Nursing tests, (5) Psychological Corporation achievement

test administered on last day of school, and (6) scores compiled by immediate supervisors.

It was found that age and marital status related significantly to all six criterion measures. It seemed that the experience and maturity that came with age and marriage contributed to better scores in the six criterion measures. Age and marital status were further studied using the National League for Nursing Pre-Nursing and Guidance Tests, the Psychological Corporation Academic Ability Test, and the Bennett Mechanical Comprehension Test.

The findings were consistent with the results from a study of practical nurses done by the National League for Nursing (18). Age and marital status appear to be important factors. For example, students who were twenty-three years of age or younger earned scores that were considerably lower than the older group on the National League for Nursing achievement examinations and on the state board licensing examinations.

Doctor Meadow and Miss Edelson (17) did a second study at the Shapiro School of Practical Nursing in 1963. The study evolved around (1) family occupation backgrounds, and (2) previous work experience. Did these factors have any bearing on predicting success or failure? Meadow and Edelson assumed that all students who were admitted would likely succeed and fulfill the obligation of

the course. They found that previous hospital experience was helpful. In this instance, of those with previous hospital experience, only fifteen percent failed in comparison to thirty-four percent failure of those who had no previous hospital experience. Meadow and Edelson found the drop-out rate varied between twenty and forty percent. The National League for Nursing indicated a drop-out rate of thirty-one percent in a 1953 study. Meadow and Edelson concluded that previous occupation, except for hospital work, was of no significant value in determining success or failure in the Shapiro School of Practical Nursing.

Martha Holland's (8) unpublished thesis submitted to University of Oregon School of Nursing, 1966 A Study of Dropouts in Five Schools of Practical Nursing in Oregon From 1960-1965, tried to identify reasons for withdrawal and any factors which contributed to the incidence of withdrawal. In this study Holland found that the drop-out rate for the five Schools of Practical Nursing in Oregon was 17.3 percent. This rate was less than that reported in the literature. However, she found that admissions to the five schools were small and that the withdrawal of even one student might result in a ten to fifteen percent withdrawal rate. She did not find any commonalities which contributed to the drop-out rate. She ascertained that eighty-five percent of the withdrawals occurred in the

first four months (1/3) of the program. The largest single factor reported as resulting in dropping a student was "poor performance, academic and/or clinical". She expressed concern that those "who do not complete a program due to academic or clinical ineptitude would be eligible for employment as nurses' aides". The five School Directors were asked, "Which group of students takes the most time?" One said the A-B student; three said the D-F student and one said the student with emotional problems no matter what the grade level.

Holland also confirmed that the drop-outs were of the younger group; 44.1 percent were in the seventeen to twenty year age group. She found that 46.8 percent of the drop-outs were single. These findings were consistent with those of the studies done by Meadow, Edelson, McElwreath, and others (16, 14).

Emma Spaney's (20) "Personality Tests and the Selection of Nurses" published in Nursing Research was a doctoral study done at Columbia University in 1949. Dr. Spaney used (1) the Personality Audit, (2) the Interest Value Inventory, and (3) the American Council on Education Psychological Examination. It was found that thirty percent of the total number of students who enter schools of nursing did not finish. It was also found that twenty percent of those who drop out do so in the first year. No true predictive

factors were identified that could foretell who would fail and who would succeed.

A Follow-Up Study of the Graduates of the Portland School of Practical Nursing, 1949-1959 was reported in an unpublished master's thesis presented to the University of Oregon School of Nursing in 1960 by Alice Feinberg (4). She found that seventy percent of the participants had worked as practical nurses at various times since graduation. She concluded that the graduates of the Portland School of Practical Nursing had contributed to the fulfillment of vital community needs. She found that more than one-third of the participants were over fifty years of age, a finding that seems to be related to other studies that report practical nursing as being attractive to persons of that age group.

Miss Feinberg further reported that over ninety percent of the participants had been employed in hospital nursing; more than half had been asked to perform duties for which they felt unprepared. She concluded that the scope of practical nursing was "continuously expanding to include more complicated and technical nursing functions".

Among her suggestions for further study were recommendations related to the need for curriculum revision, in-service education, post-graduation courses, and recruitment.

Although this thesis was not concerned with withdrawals, it is relevant to the study under investigation. This was particularly noted in those parts which reported the respondents' comments concerning success or lack of success in the performance of nursing.

Summary

There is much in the literature regarding practical nurses, their preparation, licensure and ever-expanding scope of practice. This review has made only a brief comment on the historical development of practical nursing schools but has attempted to abstract some of the references, particularly those that allude to withdrawals. It has been noted that most of the withdrawals are early in the program. This appears to be logical in view of the brevity of the programs. It was found that the older or more mature practical nurse students encountered more success. However, age alone could not be accepted as a criterion measure that predicted success. In fact, no true measures were located in any of the studies reviewed. The reasons for withdrawal from practical nurse programs did not appear to differ from those reported in the literature for professional nursing schools.

CHAPTER III

REPORT OF THE STUDY

Introduction to the Study

This study was undertaken for the purpose of determining the number of drop-outs from the Army Clinical Specialist Courses and reasons for same. By use of a simple form information was elicited from seven Clinical Specialist Schools concerning each drop-out during the period 15 July 1965 to 31 March 1967. (See form, Appendix B) Details of the procedure and the findings will be reported subsequently in this chapter.

To provide a background for this study a description of the Clinical Specialist Course has been inserted. The words course and school are used interchangeably.

Each of the Courses admits two classes a year, each class consisting of from fifty to seventy students or a total of about 1,080 students a year in the eight programs.

The selection of the enlisted men for these schools is done in any one of three ways (19):

1. Request.

Enlisted men may make direct application through proper

channels requesting assignment to one of these schools.

2. Assignment. (Following training at the Medical Training Center at Fort Sam Houston, San Antonio, Texas)

These enlisted men are usually new to the service or have less than one year in service.

3. Assignment. (Overseas returnees)

These have been selected by Office of Personnel Operations because their records meet the minimum requirements for assignment to a Clinical Specialist School.

Although it is possible for those who complete the Clinical Specialist Course to become licensed practical nurses, the course of study differs somewhat in structure and content from that proposed by the respective state boards of nursing. In the military setting, it is important that curricula be standardized for purposes of expediency. Accordingly, the program is longer during peacetime than during mobilization. The summary of hours is taken from Program of Instruction, (19)

Peacetime:	40 weeks - 1769 hours.
Mobilization:	27 weeks - 1296 hours.

SUBJECT	HOURS	
	Peace-time	Mobilization
A. ACADEMIC SUBJECTS		
<u>Course Orientation</u>	6	6
<u>Administration and Personnel Development</u>		
Military Publications and Correspondence	7	7
Medical Records and Report	14	14
Interpersonal Relations	5	5
Techniques of Instruction	31	31
Techniques of Management	<u>24</u>	<u>24</u>
	81	81
<u>Military Medical Science</u>		
Army Medical Field Service	23	23
Emergency Medical and Dental Care	33	33
Medical Management of Mass Disaster		
Casualties	16	16
Military Preventive Medicine	<u>30</u>	<u>30</u>
	102	102
<u>Professional Sciences</u>		
Introduction to Medical Science	20	20
Pharmacology in Patient Care	38	38
Concepts of Patient Care	16	16
Advanced Principles and Practices of Patient Care	82	82
<u>Medical-Surgical Nursing</u>		
Care of Patients with Musculo-Skeletal Disorders	28	28
Care of Patients with Nervous System Disorders	33	33
Care of Patients with Respiratory System Conditions	29	29
Care of Patients with Circulatory System Conditions	30	30

SUBJECT	HOURS	
	Peace-time	Mobilization
Care of Patients with Digestive System Conditions	35	35
Care of Patients with Genito-Urinary System Conditions	26	26
Care of Patients with Endocrine System Disorders	21	21
Care of Patients with Skin and Allergy Disorders	18	18
Care of Patients with Eye or Ear Conditions	14	14
Intensive Surgical Nursing Care	12	12
Mental Health and Mental Illness	23	23
Care of the Obstetrical Patient and the Newborn	18	18
Care of the Pediatric Patient	21	21
Dispensary Procedures	17	17
Surgery in the Army Dispensary and Health Facility	<u>26</u>	<u>26</u>
	507	507
B. NON-ACADEMIC SUBJECTS		
<u>Inprocessing</u>	24	8
<u>Outprocessing</u>	8	4
<u>Physical Conditioning</u>	100	60
<u>Commandant's Time</u>	80	50
<u>Open Time</u>	<u>84</u>	<u>30</u>
	296	152
C. CLINICAL EXPERIENCE		
<u>Medical Patient Care</u>	128	128
<u>Surgical Patient Care</u>	128	128

SUBJECT	HOURS	
	Peace-time	Mobilization
<u>Surgical Aseptic Technique and Immediate Post-operative Patient Care</u>	128	128
<u>Obstetrical and Newborn Patient Care</u>	64	0
<u>Pediatric Patient Care</u>	64	0
<u>Clinic and Dispensary Patient Care</u>	128	0
<u>Orthopedic Patient Care</u>	64	64
<u>GU/Gynecological Patient Care</u>	<u>64</u>	<u>0</u>
	768	448

D. RECAPITULATION

Type of Instruction

Conference	414	414
Demonstration	71	71
Practical Exercise	119	119
Training Film	22	22
Examinations	70	70
Practical Experience	768	448
Non-academic	<u>296</u>	<u>152</u>
	1760	1296

Each school follows this planned order of instruction as recommended by the Surgeon General's Office.

Each student is able to obtain a Practical Nurse License by passing an examination administered by the State Board of Nursing in the state where the Clinical Specialist Course is given. The

candidate can take the state board examinations in absentia for a license issued in either Washington or Illinois. Both states recognize the Clinical Specialist Course given by the United States Army as meeting minimum requirements for licensure.

The instructors are of two types, either Officer or Enlisted. The Officer instructor, who is a Registered Nurse, has at least a Bachelor of Science or Bachelor of Arts Degree in Nursing or in Education. The Enlisted instructor is a graduate of the Clinical Specialist Course. He usually is the top man of his class and is a person with outstanding leadership ability.

The supervision of the students is done by either type of instructor, but the Officer is the person responsible. Each clinical area has an Officer and an Enlisted man assigned; the students also work with the permanent personnel in the clinical area.

Procedure

This study was conducted in an attempt to ascertain information concerning rate of drop-outs from seven Clinical Specialist Courses in the United States Army. This study also attempted to identify any common factors among the enlisted men related to reasons they dropped out of these courses.

Nothing was found in the literature regarding reasons for

withdrawing from the Clinical Specialist Courses. However, the close resemblance to practical nurse programs approved by the respective state boards of nursing justified a review of the literature related to the withdrawals from such schools. The review has been presented in Chapter II.

A simple questionnaire was constructed (Appendix B). The questionnaire was purposely kept in a simple format using terminology consistent with that which might be found in the drop-out's file, thus expediting the obtaining of data from records on file. The term "questionnaire" was probably a misnomer; what was developed was a form for obtaining information. The first part consisted of six items of general information such as age, rank, length of service and amount of education. The next part requested the primary reason for drop-out. This section used the Army terminology to refer to any one of nine reasons for withdrawal. The last part referred to quartile of withdrawal which would thus indicate how long an individual remained in the course. Free responses were encouraged as a means of elaborating on any of the items checked.

The questionnaire was submitted for criticism and suggestion to a group of professional nurses and to the Chief of Plans and Training and to the Educational Coordinator in Washington, D. C. The procedural aspects of the study were pursued as described in

Chapter I. Responses were received from seven of the eight Clinical Specialist Courses for a total of 202 men who dropped out.

Findings

In the initial correspondence with the Directors of the Clinical Specialist Courses, the following information was requested:

1. The number of enlisted men enrolled who have attended the specified time.
2. The number of enlisted men who have been dropped from the Clinical Specialist Course during the specified time.

The first step in tabulating data involved use of the responses to the initial correspondence.

Each of the Clinical Specialist Courses has had different numbers of enrollment and therefore has had different numbers of dropouts. These data will be presented in tables representing each school and each question. Each Clinical Specialist Course is identified by a letter, A through G, and these remain constant throughout the report of the study.

The number admitted on the input differed due to variation in the length of existence and size of the course. School F is the most recent addition to the system. A total of 1,080 students have been enrolled in the Clinical Specialist Courses from 15 July 1965 through

31 March 1967. A total of 202 have been dropped for the same time period with a range of four to sixty-three.

When the number of drop-outs for each school is converted to percentages, it was found that the range of drop-outs was from eight percent to thirty-two percent with the average being eighteen percent. The reason for the variance is outside the scope of study. Since there are no established criteria for the elimination of students from the Clinical Specialist Courses, it may be conjectured that each school established its own criteria and that the evaluation of performance followed no uniform pattern.

These findings are shown in Table 1.

Table 1. The Number Enrolled, Dropped and Percent of Drop-outs from Seven Clinical Specialist Courses.

Courses	Number Enrolled	Number of Drop-outs	Percent Dropped
(1)	(2)	(3)	(4)
1. A	130	12	9
2. B	99	23	23
3. C	207	22	10
4. D	239	53	18
5. E	196	63	32
6. F	49	4	8
7. G	160	25	15
Total	1080	202	18

With the original letter sent to each Director thirty questionnaires were enclosed. Two Directors requested additional

questionnaires; the others duplicated them as needed. A follow-up letter (Appendix A) was sent in an attempt to achieve 100 percent participation.

The first part of the data collecting device sought information about the student who had been dropped from the Clinical Specialist Course between 15 July 1965 and 31 March 1967. The items consisted of rank, age, length of service in years, and education: high school graduate or General Education Development Test equivalent of high school; amount of college. Each item was tabulated separately.

The first item sought information regarding the students' rank at the time of admission to the Clinical Specialist Courses. The range was from E-2 through E-7. There were no E-1's (basic recruits). E-2's are accepted to attend the course per approval of the Office of the Surgeon General. They are eligible to be promoted to the rank of Private First Class E-3 upon recommendation of the Director of the Clinical Specialist Course, provided they meet the time in grade requirements. E-8's and E-9's are at the administrative level and would be supervisors in the Army subjects but not in the medical subjects unless they had previously graduated from the Clinical Specialist Course.

It was interesting to find the largest group of drop-outs was in

the E-5 pay grade. The enlisted men in this grade would have been in the Army longer to achieve this rank and by logic they therefore should be the more mature group. The question is, then, why did they fail? Why is the largest group of drop-outs in the E-5 pay grade? It would take further study to derive answers to these questions. It is not known whether the high percentage of drop-outs in the E-5 group is merely coincidental to the present study or will remain a constant that may influence future selection and input. Presumably the greatest numbers assigned to the Clinical Specialist Course are the E-4 and E-5 pay grades. The two groups account for almost three fourths of the drop-outs. Any future replications of the current study will need to investigate in greater depth the percentage distribution of admissions by rank.

Except for school G, no school had drop-outs in all ranks. This finding immediately pointed up a weakness of the current study. Although the number of admissions to each school had been ascertained no further information had been obtained on the admissions. All subsequent data pertained only to those who were drop-outs. Accordingly, it is not known if each school had students in all ranks and thus it is not possible to determine the percent of each rank who became drop-outs. The number of drop-outs per school according to rank is shown on Table 2.

Table 2. Distribution of Drop-outs from Seven Clinical Specialist Courses According to Rank

Rank (1)	Number of Drop-outs Per Course (2)							Total (3)
	A	B	C	D	E	F	G	
E-2	7	4	3	1	5	0	1	21
E-3	0	0	3	3	4	4	3	17
E-4	3	6	3	10	6	0	4	32
E-5	2	11	10	35	33	0	15	106
E-6	0	1	3	3	5	0	1	13
E-7	0	1	0	0	0	0	1	2
Total	<u>12</u>	<u>23</u>	<u>22</u>	<u>52*</u>	<u>53**</u>	<u>4</u>	<u>25</u>	<u>191</u>

* School D omitted report on one.

** School E omitted report on ten.

The next item sought information regarding the age of the drop-outs. For purposes of tabulation the ages were grouped in three-year steps starting at eighteen and extending through forty-seven years. A total of 186 drop-outs were reported according to age. It was noted that there were 123 drop-outs in the eighteen to twenty-nine year old group, with the largest number in the twenty-one to twenty-three year group. It might have been assumed that those who were in the more immediate post high school years would still be accustomed to studying and therefore would do better. This was not the situation. However, this finding concurs with McElwreath (14) and Meadow and Edelson (16) who concluded that young people were not always the best selection for practical

Table 6. Distribution of Drop-outs from Seven Clinical Specialist Courses According to Amount of College Education.

College Education	Number of Drop-outs Per Course							Total (3)
	(2)							
	A	B	C	D	E	F	G	
Less than 1 year	0	5	3	2	2	1	0	13
1-2 years	3	0	0	1	6	1	0	11
2-3 years	1	0	0	2	0	1	0	4
3-4 years	1	0	0	0	0	0	0	1
Total	5	5	3	5	8	3	0	20

The next nine items sought to elicit the primary reason for dropping out of the Clinical Specialist Course as reported in individual records. The nine reasons for drop-out as listed in the Army records were inserted in the questionnaire in terminology consistent with the records. Reports were received regarding 197 of the 202 drop-outs. Academic failure constituted the major cause of drop-out with lack of application next in number. There were no other reasons in substantial number, except that thirteen were dropped for disciplinary reasons.

The study done by Martha Holland (8) indicated that the highest number of drop-outs from five schools for practical nurses was due to "poor performance academic and/or clinical". The findings of the current study seem to be consistent with Mrs. Holland's study. The large number of academic failures in the Clinical Specialist Courses should cause faculty concern. These young men are being

educated at public expense. Furthermore, they are needed to help supply nursing personnel.

Since this study did not attempt to determine reasons for academic failure or the philosophy and method of evaluation, it would appear that much further study would be justified.

The data for these items are shown in Table 7.

Table 7. Distribution of Drop-outs from Seven Clinical Specialist Courses According to Primary Reasons for Being Dropped.

Primary Reasons (1)	Number of Drop-outs Per Course							Total (3)
	(2)							
	A	B	C	D	E	F	G	
Academic Failure	5	11	4	33	37	2	18	110
Physical Disability	1	1	0	2	1	0	2	7
Lack of Application	6	7	4	12	11	2	0	42
Leadership								
Deficiencies	0	0	0	0	1	0	1	2
Disciplinary	0	0	7	1	5	0	0	13
Compassionate	0	1	3	3	1	0	1	9
Character Deficiencies	0	3	0	0	4	0	2	9
Insufficient Remaining								
Service	0	0	3	0	0	0	0	3
Lack of Prerequisites	0	0	1	0	0 ^a	0	1	2
Total	12	23	22	51*	60**	4	25	197 ^a

* School D omitted report on two.

** School E omitted report on two.

^a One individual killed in auto accident.

The next part of the questionnaire sought information regarding the quartile in the program in which the drop-out occurred. The literature reveals that the majority of withdrawals from practical

nursing programs usually take place in the first few months. Reference is made particularly to the studies by Meadow and Edelson (16), Layton (13), Hill (7), and Holland (8).

These findings are shown in Table 8.

Table 8. Distribution of Drop-outs from Seven Clinical Specialist Courses According to Period when Dropped.

Period When Dropped (1)	Number of Drop-outs Per Course							Total (3)
	(2)							
	A	B	C	D	E	F	G	
1st 10 weeks	8	8	10	30	18	0	16	90
2nd 10 weeks	2	12	12	7	18	4	7	62
3rd 10 weeks	1	3	0	12	4	0	1	21
4th 10 weeks	1	0	0	4	1	0	1	7
Total	<u>12</u>	<u>23</u>	<u>22</u>	<u>53</u>	<u>41*</u>	<u>4</u>	<u>25</u>	<u>180</u>

* School E omitted report on twenty-two.

The final portion of the questionnaire elicited comments from the respondent regarding reason for being dropped. The following statements are taken directly from the returned questionnaires and are cited verbatim:

Was given compassionate transfer due to mother-in-law's illness; due to the illness he missed a total of fourteen days of class work.

Unable to adjust to academic climate of the school.

Student was failing in academic or due to own negligence and study habits.

Student requested to be relieved from the school-- failed to maintain average of 70 percent.

Grades in low 70's; slept almost constantly while in class; had family and financial problems; and too many outside interests.

Had complex family problems.

Errors in medications and indifferent attitude.

Pending disciplinary action due to violation of United States Military Judicial Courts (character deficiencies)

Character deficiencies, per neuro-psychiatric consultation.

Student was given orders to attend the course.

Did not volunteer for the course.

Not interested in the course.

Had no desire to attend the course for forty weeks.

Academic failure also failed to apply safe principle of patient care.

Did not pass pharmacology.

Took paraplegic patient on litter with no straps, pajama bottoms or sheet.

Neglected critical patients in shock.

This man was re-cycled and eliminated in his tenth week.

This student was not only eliminated for didactic failure, but also for a psychiatric problem.

This student was eliminated from the course due to discharge from the Army under A. R. 635-89.

This student was an alcoholic and was eliminated after several episodes of inappropriate behavior.

This student appeared to deliberately fail the course and stated that he wanted out of the medical field.

This student was eliminated for didactic failure and after elimination he admitted that on a previous enlistment he had been eliminated for the same reason.

No medical basic--had been a cook prior to promotion to Sergeant First Class, came in on National Guard quota. The Surgeon General's Office was unaware of his orders for the course.

There were many for whom no comments were supplied.

Although the percentage of drop-outs was found to range from nine to thirty-two and average about eighteen, which is not alarmingly high, there are data elicited by this study which lead to recommendations for further study as indicated in Chapter IV.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

There is much in the literature regarding practical nurses, their preparation, licensure and ever-expanding scope of practice. The review of the literature in this study made only a brief comment on the historical development of practical nursing schools, but attempted to abstract selected references, particularly those that alluded to withdrawals. It was noted that most of the withdrawals were early in the program. This appeared to be logical in view of the brevity of the programs. It was found that the older or more mature practical nurse students encountered much success. However, age alone was not accepted as a criterion measure that predicted success.

This study was undertaken for the purposes of identifying the reasons for drop-outs from the Clinical Specialist Courses of the United States Army. The study ascertained the percentage of drop-outs and factors pertaining to the reasons therefore.

Questionnaires were sent to the Directors of the Clinical Specialist Courses and seven out of eight responded. The period

involved was from 15 July 1965 through 31 March 1967. Earlier data could not be obtained because records are retired from these schools after two years.

The findings of this study have been reported in detail in a previous chapter and will not be repeated here. However, some comments seem merited.

Since most of the drop-outs appeared to be E-5s with between three and four years of service, between twenty-one and twenty-three years of age, and high school graduates or the equivalent, these characteristics may be significant and thus merit consideration in the assignment of future students. However, it was found that no profile could be drawn and that no significance could be attached to the findings due to incomplete data. Some schools did not supply all requested information. Furthermore, the lack of base rates prohibited using the data collected to make inferences leading to valid conclusions. Had it been possible to collect admission data as well as drop-out information, this study would have been more meaningful. It was found that the withdrawals occurred early in the course. This is logical and the percentage is not unduly high. However, it should be noted that the Board of Review meets after the tenth week. It should be recognized, also that the Clinical Specialist Course is somewhat shorter than the usual practical nurse course, hence comparisons are not a true reflection of the withdrawal rate. However

in view of the very large number who were dropped for academic failure, questions arise such as:

1. Could the academic ineptitude have been predicted?
2. Are the evaluation devices sufficiently reliable and valid?
3. Is there academic guidance which might avert some of the failures?

It is of great concern that these young men fail. Their failures are expensive to the Army and to the taxpayers in terms of time, effort and money. Furthermore the failures are apt to be detrimental to the individual. They become a matter of record; they likely prevent future promotions; they quite possibly produce adverse effects on the individual.

Conclusions

It is recognized that no generalizations can be formulated from the findings of a study of this size. However, certain inferences can be drawn applicable only to the data obtained in this study. It may be concluded that:

1. It is now recognized that the purposes and the findings represent but the first step in what could be a series of studies. The findings have certain quantitative merits, but little that is relevant to qualities. Nor is there anything that is relevant to qualities. Nor is there anything

that indicates what happened to those who withdrew.

What effect did the failure have on them personally?

How were their careers affected?

2. As indicated in the context of Chapter III, much of the data derived from this study would have been more meaningful if more extensive information had been obtained on all admissions. This would have permitted comparisons between those who succeeded and those who did not finish the course.
3. The findings show that more than half of the drop-outs were the result of academic failure or lack of application. The findings further show that half of those for whom information was available withdrew in the first quartile. Although these findings are consistent with the literature, there remains the concern that individuals dropped for academic failure with even a few weeks of instruction are eligible later for civilian employment as nurses' aides, orderlies or attendants.

Recommendations for Further Study

Even though this has been a relatively brief and superficial study it has served a useful purpose and might well be considered as a pilot study for further investigation. Accordingly it is

recommended that:

1. The data collection be continued in at least one school in an endeavor to determine if the findings of the current study have validity.
2. A study be made comparing those who complete the course and those who do not. As shown in the context of Chapter III not enough data were collected on all admissions to make the data on the drop-outs truly meaningful.
3. A thorough study be made of the reasons for academic failure. Such a study would of necessity involve a delineation of the philosophy and methodology of instruction, guidance and evaluation.
4. A study be made of policies in the Clinical Specialist Courses resulting in selection of students.
5. A study be made of policies in the Clinical Specialist Courses resulting in drop-outs.

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BIBLIOGRAPHY

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APPENDICES

APPENDIX A

CORRESPONDENCE

C O P Y

3338 S. E. 8th Avenue
Portland, Oregon 97202
13 April 1967

Lieutenant Colonel Winifred Craig
Surgeon General's Office
Division of Enlisted Training
Washington, D. C.

Dear Colonel Craig:

I am attending the University of Oregon for my Master's Degree in Nursing Education. I was previously an instructor at the Clinical Specialist Course, Madigan General Hospital, Fort Lewis, Washington and while there I became very interested in the drop-out rate of the enlisted men from the school.

I have chosen for my Master's Thesis, upon approval, to study the drop-out rates from the five Clinical Specialist Courses. The study will show the percentage of drop-outs and hopefully predictable factors pertaining to drop out. This study will include the period from 1 January 1965, through 31 December 1966. This study will be limited to the enlisted men only and not the enlisted women. The responses will be anonymous and no names will be used.

Enclosed is a copy of the proposed questionnaire to be sent to the Clinical Specialist Courses that have been in existence for the specified period of time.

I request administrative clearance to continue with this study. Any suggestions or pertinent information that could help with this study would be greatly appreciated.

C O P Y

Page 2

Sincerely,

/s/ Carl D. Clarenbach
Carl D. Clarenbach
Major, ANC

Carl D. Clarenbach is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Major Clarenbach will be much appreciated.

/s/ Lucile Gregerson
Lucile Gregerson
Associate Professor
Thesis Adviser

C O P Y

DEPARTMENT OF THE ARMY
Office of the Surgeon General
Washington, D. C. 20315

In Reply Refer To:
MEDPT-T

3 May 1967

Major Carl D. Clarenbach, ANC
3338 S. E. 8th Avenue
Portland, Oregon 97202

Dear Major Clarenbach:

I have discussed your request with Colonel Robert O. Quackenbush, the Chief, Training Division, who concurs with your obtaining the necessary information for your study of the attrition rate in the Clinical Specialist Courses. However, it must be understood that the responses will be dependent upon the workload of the school. All the schools are working at their capacities and extra requirements sometimes cannot be met.

Why did you pick only five of the Clinical Specialist Courses and which one are you not using?

You might give consideration to the fact that we schedule classes in the Fiscal Year - not the calendar year. Records are held only two years as a rule. Some of the directors may have turned in the early 1965 records.

Three areas you might think about for data collecting - these have a strong bearing on the selection of students - the G. T. score, arithmetic score (test five) and the MOS.

Another consideration is the input methods of the past two years - these have changed significantly:

- a. Application.
- b. Input directly from Medical Training Center, Fort Sam Houston, Texas.
- c. Overseas Returnees (these have been selected by OPO because their records meet the minimum requirements). This was

C O P Y

MEDPT-T
Major Carl D. Clarenbach, ANC

3 May 1967

started to fill a short fall and frankly - I'm not impressed.

The rank - I would suggest you specify. MTC students are promoted in the middle to PFC and at graduation to Specialist E4.

It would be easier on the Directors to specify length of service in years. (It can be taken directly from the Form 20 without computing).

Would it be possible to change your reasons for being dropped to correspond to our terminology. - This would let the secretaries copy this from the records.

Academic failure
Physical Disability
Lack of Application
Leadership Deficiencies
Disciplinary
Compassionate
Character Deficiencies
Insufficient Remaining Service
Lack of Prerequisites

In many areas the advisory boards and the major evaluations are done on a ten week basis so you might want to ask for your time of dismissal to conform to this. If you use months, remember we do have students dropped in the tenth month.

Students cannot request to be dropped, they are dropped at the advice of the faculty and the Advisory Board.

Good luck with your Thesis. We will be interested in seeing the results. For our information, how about collecting the Enlisted Women data. Thanks!

By the way, welcome back to the school system. It keeps growing by leaps and bounds. We are thinking of two more schools - total of ten. That will give us a yearly input of about 1300 students.

C O P Y

MEDPT-T
Major Carl D. Clarenbach, ANC

3 May 1967

On 5 June, I will be leaving for six months TDY to the Office of Economic Opportunities. Lieutenant Colonel Virginia Brown will be taking my place.

See you in the fall.

Sincerely,

/s/ Iris V. Craig
IRIS V. CRAIG
LTC, ANC
Training Coordinator

C O P Y

3338 S. E. 8th Avenue
Portland, Oregon 97202
8 May 1967

Medical Specialist Course
Valley Forge General Hospital
Phoenixville, Pennsylvania

Dear Director:

I am Major Carl D. Clarenbach, attending the University of Oregon for my Master's Degree in Nursing Education. I previously was an instructor at the Clinical Specialist Course at Madigan General Hospital, Fort Lewis, Washington. Because of my interest I have chosen for my thesis to study the dropout rates from the Clinical Specialist Courses. The study will show the percentage of dropouts and hopefully predictable factors pertaining to drop-outs.

I have received administrative clearance to do this study from Colonel Robert O. Quackenbush, the Chief, Training Division, and Lieutenant Colonel Iris V. Craig, Training Coordinator, Office of the Surgeon General.

This study only includes the enlisted men and not the enlisted women. It includes the period from 15 July 1965 through 31 March 1967.

Please answer the following questions:

1. The number of enlisted men enrolled that have attended the Clinical Specialist Course during the specified time. 1. _____
2. The number of enlisted men that have been dropped from the Clinical Specialist Course during the specified time. 2. _____

All information will remain anonymous and no names will be used.

Enclosed is a self addressed envelope for your use in returning these questionnaires.

C O P Y

Page 2

Your cooperation in assisting me in this endeavor will be greatly appreciated. Thank you very much.

Sincerely,

/s/ Carl D. Clarenbach
Carl D. Clarenbach
Major, ANC

Carl D. Clarenbach is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Major Clarenbach will be much appreciated.

/s/ Lucile Gregerson
Lucile Gregerson
Associate Professor
Thesis Adviser

C O P Y

3338 S. E. 8th Avenue
Portland, Oregon 97202
22 June 1967

Department of the Army
Clinical Specialist Course

Dear Director,

On 8 May 1967 I mailed questionnaires to the eight Clinical Specialist Courses requesting information about the drop-outs of enlisted men from school. According to my records I have not received any reply from your school. I would appreciate this information by 5 July 1967 if at all possible. I would like all eight schools as this would be a more complete picture for my thesis.

I hope to finish my thesis by 15 July 1967 and your cooperation would be very helpful. If you did not receive the questionnaire or if additional ones are needed please let me know.

Sincerely,

Carl D. Clarenbach
Major, ANC

APPENDIX B

DATA GATHERING TOOL

QUESTIONNAIRE

Please fill in the following for each student who has been dropped from the Clinical Specialist Course for the period from 15 July 1965 through 31 March 1967.

1. Rank (at the time of admission to the course) _____
2. Age _____
3. Length of Service (years) _____
4. High School graduate _____
5. G. E. D. equivalent of high school _____
6. College (months) _____

CHECK ONEReason for Dropout
(Primary reason)

1. Academic failure _____
2. Physical disability _____
3. Lack of application _____
4. Leadership deficiencies _____
5. Disciplinary _____
6. Compassionate _____
7. Character deficiencies _____
8. Insufficient remaining service _____

9. Lack of Pre-requisites

WAS HE DROPPED

1. First ten weeks

2. Second ten weeks

3. Third ten weeks

4. Fourth ten weeks

Comments on the reverse side:

APPENDIX C

MASTER TABULATION

Item	Schools						
	A	B	C	D	E	F	G
Number of Admissions	130	99	207	239	196	49	160
Number of Drop-outs	12	23	22	53	63	4	25
Percent of Drop-outs	9	23	10	18	32	8	15
Drop-outs According to Rank							
E-2	7	4	3	1	5	0	1
E-3	0	0	3	3	4	4	3
E-4	3	6	3	10	6	0	4
E-5	2	11	10	35	33	0	15
E-6	0	1	3	3	5	0	1
E-7	0	1	0	0	0	0	1

Schools

Item	A	B	C	D	E	F	G
Drop-outs According to Age							
18-20	7	1	1	3	1	2	3
21-23	1	7	6	9	14	2	6
24-26	3	7	6	8	4	0	4
27-29	0	1	2	12	8	0	5
30-32	0	2	4	4	9	0	1
33-35	0	3	3	9	7	0	3
36-38	1	1	0	2	5	0	2
39-41	0	0	0	3	2	0	1
42-44	0	0	0	0	0	0	0
45-47	0	1	0	0	0	0	0

Drop-outs According to Length of Service

Less than 1 year	7	5	5	0	5	3	2
1- 2 years	0	4	2	4	2	1	2
3- 4 years	4	5	2	9	9	0	9
5- 6 years	0	3	5	8	10	0	5
7- 8 years	0	2	3	8	4	0	2
9-10 years	1	1	0	3	1	0	0
11-12 years	0	0	3	4	6	0	0
13-14 years	0	1	2	10	6	0	4
15-16 years	0	2	0	4	4	0	1
17-18 years	0	0	0	0	2	0	0

Item	Schools						
	A	B	C	D	E	F	G
Drop-outs According to Ten Week Periods							
1st 10 weeks	8	8	10	30	18	0	16
2nd 10 weeks	2	12	12	7	18	4	7
3rd 10 weeks	1	3	0	12	4	0	1
4th 10 weeks	1	0	0	4	1	0	1

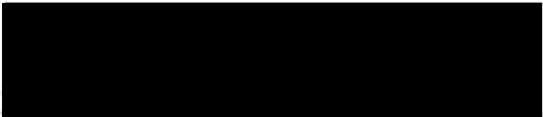
AN ABSTRACT OF THE THESIS OF
CARL DONALD CLARENBACH

For the MASTER OF SCIENCE in NURSING EDUCATION

Date of receiving this degree: June 6, 1968

Title: A STUDY OF TWO HUNDRED AND TWO
DROP-OUTS FROM SEVEN CLINICAL
SPECIALIST COURSES OF THE UNITED
STATES ARMY

Approved:


(Associate Professor in Charge of Thesis)

ABSTRACT

This study was undertaken for the purpose of identifying the reasons for drop-outs from Clinical Specialist Courses of the United States Army. The study ascertained the percentage of drop-outs and factors pertaining to the reasons thereof. A form was used to collect data from the files of seven courses. The terminology of the form was consistent with that which would appear in the records of each drop-out.

1. Findings and interpretation of same

It was found that most of the drop-outs were E-5s with between three to four years of service, between twenty-one and twenty-three years of age, high school graduates or the equivalent. These characteristics may be significant and thus merit consideration in the assignment of future students. However, it was found that no profile could be drawn and that no significance could be attached to the findings due to incomplete data. Some schools did not supply all requested information. Furthermore, the lack of base rates prohibited using the data collected to make inferences leading to valid conclusions. Had it been possible to collect admission data as well as drop-out information, this study would have been more meaningful.

Largely, the withdrawals occurred early in the course. This

is logical and the percentage which ranged from eight to thirty-two with an average of eighteen was not unduly high. The reason for the variance of drop-outs from standard courses is outside the scope of this study. Since there are no established criteria for the elimination of students from the Clinical Specialist Courses, it could be conjectured that each school established its own criteria and that evaluation of performance followed no uniform pattern.

It was found that 110 were dropped for academic reasons. This gives rise to questions such as:

1. Could the academic ineptitude have been predicted?
2. Are the evaluation devices sufficiently reliable and valid?
3. Is there academic guidance which might avert some of the failures?

2. Conclusions

It is recognized that no generalizations can be formulated from the findings of a study of this size. However, certain inferences can be drawn applicable only to the data obtained in this study. It may be concluded that:

1. It is now recognized that the purposes and the findings represent but the first step in what could be a series of studies. The findings have certain quantitative merits, but little that is relevant to qualities. Nor is there anything

that indicates what happened to those who withdrew. What effect did the failure have on them personally? How were their careers affected?

2. As indicated in the context of Chapter III, much of the data derived from this study would have been more meaningful if more extensive information had been obtained on all admissions. This would have permitted comparisons between those who succeeded and those who did not finish the course.
3. The findings show that more than half of the drop-outs were the result of academic failure or lack of application. The findings further show that half of those for whom information was available withdrew in the first quartile. Although these findings are consistent with the literature, there remains the concern that individuals dropped for academic failure with even a few weeks of instruction are eligible later for civilian employment as nurses' aides, orderlies or attendants.

3. Recommendations for Further Study

Even though this has been a relatively brief and superficial study it has served a useful purpose and might well be considered as a pilot study for further investigation. Accordingly it is

recommended that:

1. The data collection be continued in at least one school in an endeavor to determine if the findings of the current study have validity.
2. A study be made comparing those who complete the course and those who did not. As shown in the context of Chapter III not enough data were collected on all admissions to make the data on the drop-outs truly meaningful.
3. A thorough study be made of the reasons for academic failure. Such a study would of necessity involve a delineation of the philosophy and methodology of instruction, guidance and evaluation.
4. A study be made of policies in the Clinical Specialist Courses resulting in selection of students.
5. A study be made of policies in the Clinical Specialist Courses resulting in drop-outs.

Typed by Barbara Glenn